

Native Employment Works Program Information & Application

Disclaimer: BENEFITS/SERVICES ARE SUBJECT TO FUNDING AVAILABILITY

Please allow (10) business days to process completed applications. Applicants will receive a letter of notification for approval or denial of services from the N.E.W. program upon submission of a completed application, within (10) business days. **INCOMPLETE APPLICATION WILL BE RETURNED.** It is the responsibility of the applicant to provide all necessary information listed below.

ALL APPLICANTS MUST PROVIDE THE FOLLOWING INFORMATION:

- Tribal Enrollment card or certification letter of Enrollment
- Verification of address dated within the last 30 days (only residing in Brown & Outagamie Counties)
- If not employed, 10 job Searches required (form attached) - **online job searches are not acceptable if requesting transportation for gas allowance**

Request for service of Auto Repair, Insurance, New Employment, or Training Fees must be employed 20 hours week and provide the following:

- Verification of Valid Driver's License
- Verification of Valid Vehicle Registration
- Verification of last thirty (30) days of paystubs
- Employment Verification of Earnings (EVFE) must be submitted if new employment
- Verification of 2 estimates from ASE certified auto repair services (unless vehicle is not safe to drive, noted on estimate) The program will not cover routine vehicle maintenance such as oil change, tune-up, flush and fill, tire rotation, etc. It will only cover those repairs necessary to keep the vehicle in reasonable running order. Maximum repair amount is \$500. ***You must be employed 20 hours per week to be eligible (limited to once per 12 month period).***
- Verification of 3 month insurance quotes (no online quotes or renewal notices)
- Verification new employment on letterhead (employer letterhead listing contact information, start date, wage & hours, list of required tools, clothing, shoes, etc. needed)
- Verification of Short Term Training Fees (less than 10 weeks)

Request for service of Driver's License/AODA Assessment – No Employment Required

- Verification from DMV of Driver's License/Reinstatement and or exam fees
- Verification of Court-Ordered AODA Assessment (within last 12 months)
- Verification of Group Dynamics

Native Employment Works Program Application

Applicant must provide proof of tribal enrollment by enrollment card or certificate

NAME _____ TODAY'S DATE _____
 ADDRESS _____ SOC SEC # _____
 CITY _____ STATE _____ ZIP _____ COUNTY _____
 MAILING ADDRESS _____ CITY _____ ZIP _____
 DATE OF BIRTH _____ ENROLLMENT # _____ TELEPHONE # _____

Marital Status: Single/Never Married Married/Living Together Married/Separated Widowed Divorced

Enrolled Tribal member Circle one: yes/ no Name of Tribe _____

Applicants highest grade achieved circle one: 8 9 10 11 12 GED/HSED College: Yes/No

Are you a non-custodial parent who is currently ordered to pay child support: Yes or No

LIST ALL MEMBERS OF THE HOUSEHOLD: (including yourself)

Full Name	Relationship	Social Security Number	Date of Birth	Enrolled/Tribe
1.	Self			
2.				
3.				
4.				
5.				

INCOME: List ALL GROSS past monthly income

Name	Source of Income	Amount	How Often

PLEASE CHECK TYPE OF ASSISTANCE REQUESTING:

- Group Dynamics Driver's License Fees Work Clothes/Shoes Work Tools
 AODA Assessment Safety Glasses Training Fees Transit Passes
 Auto Insurance Fuel Auto Repair, how many vehicles in household: _____

Please briefly describe the request: _____

New Employment Information:

Start Date: _____ Date of First paycheck: _____ Rate of Pay: _____

Is this temporary employment: Yes No If yes, length of assignment: _____

Company Name: _____ Address: _____

Supervisor's Name: _____ Phone # _____

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Eligibility:

Employment related support services are available to Oneida Tribal Members of Wisconsin without dependent children and who are not a non-custodial parent, residing within Brown and Outagamie Counties; other enrolled Native Americans residing within the Oneida Reservation Boundaries. **Customer may be responsible to share in the cost of the request.** Assistance is available to Non-TANF eligible persons who are engaged in permanent part-time employment or full-time employment and whose income is at or below 185% of the Federal Poverty Level. Whenever possible educational goals will be supported, however, employment goals will remain high priority.

I understand the questions and statements on this application. I understand that providing false information in order to obtain benefits is fraud and that I can be prosecuted for fraud and will be ineligible for any future funding from this program. I certify under penalty of perjury and false swearing, that my answers are correct and complete to the best of my knowledge, including information about my house while composition. By signing this application below, I hereby authorize the Oneida Tribe N.E.W. program to contact other persons, employers, agencies, and organizations to obtain necessary verification for purposes of determining program eligibility.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Eligible: _____ Ineligible: _____ Referred To: _____

Tribal Id POR Job Searches D.L. Employment Verification Vehicle Registration Income

Household Members: _____ 30 days Income: _____ FPL: _____

Comments:

Agency Rep. Signature: _____ Date: _____